

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

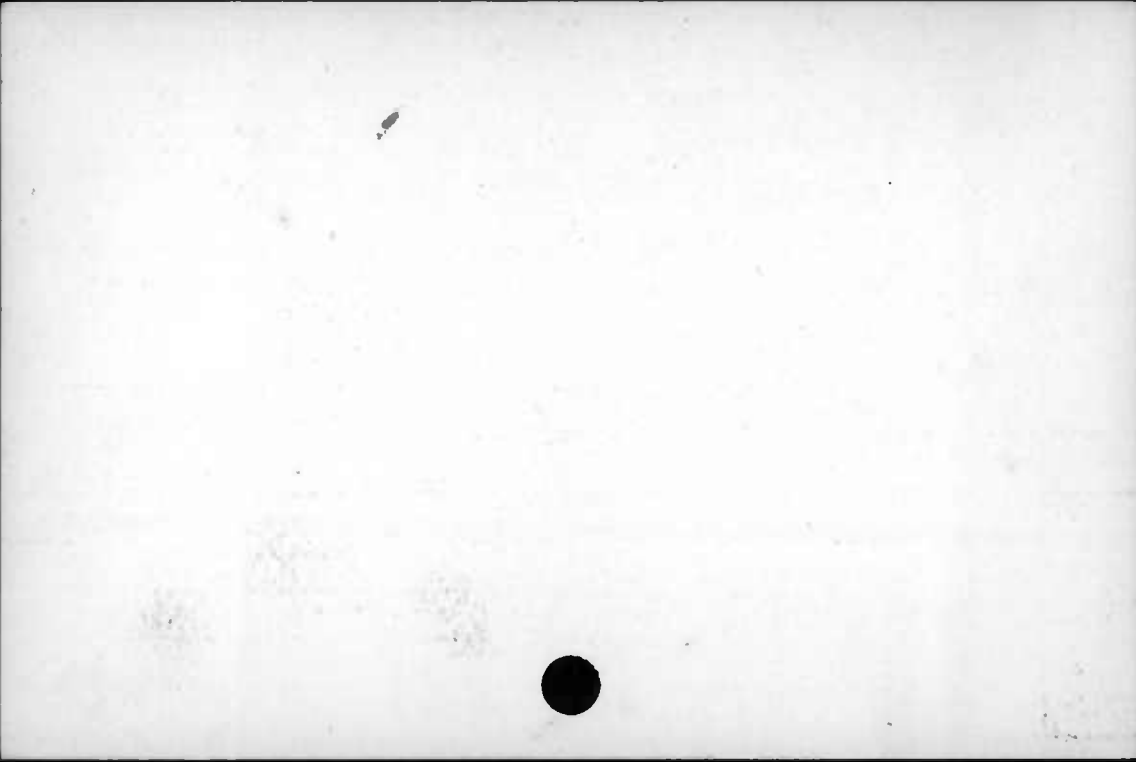
Died at <i>Berlin</i> Town		<i>Worcester</i> County		MARYLAND	
Date of death	1907	Month	Oct	Day	22
Sex	Female	Color or Race	White	Age	78
Occupation	none		Birth-place	<i>Delaware</i>	
Where Residing if not at place of death	<i>Berlin</i>				
Married, Single or Widowed	<i>Widow</i>		Name of Wife or Husband	<i>Rufus Bayne</i>	
Father's Name	<i>Smith</i>		Father's Birthplace	<i>Unknown</i>	
Mother's Maiden Name	<i>Unknown</i>		Mother's Birthplace	<i>Unknown</i>	
Name of person giving information	<i>Miss Mattie Muller</i>		How related to Deceased	<i>Niece</i>	

## CAUSES OF DEATH

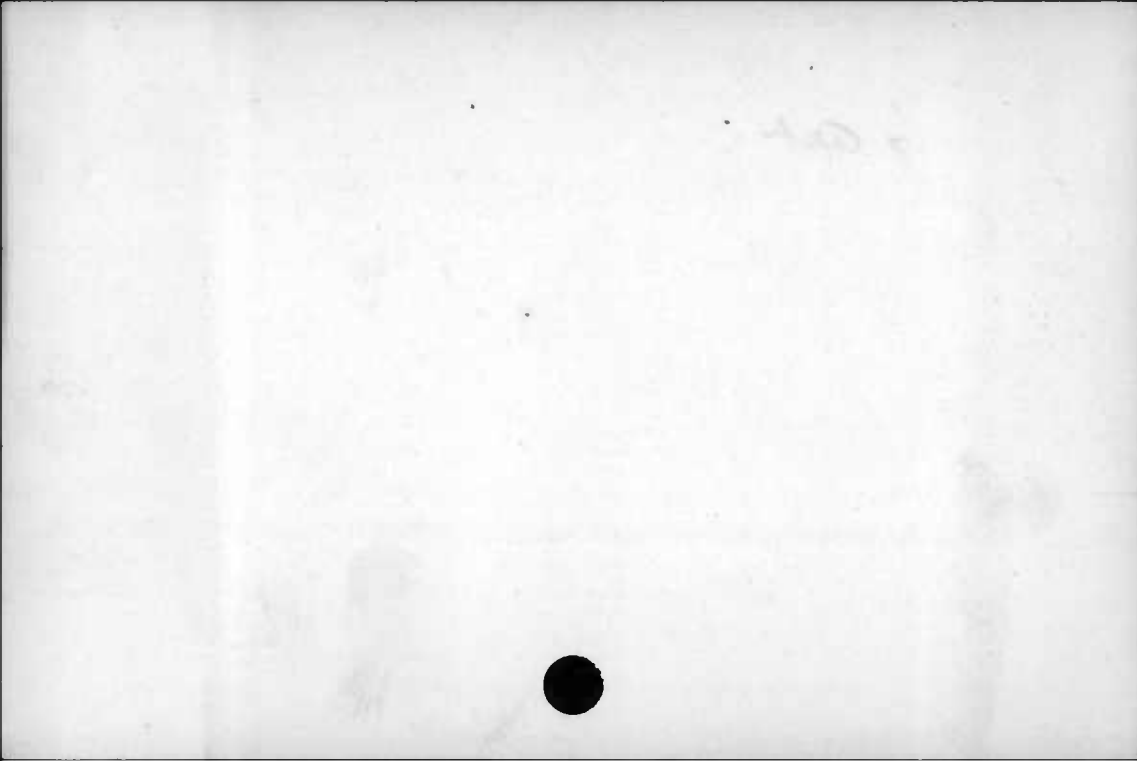
27

PHYSICIAN  
OR CORONER

Primary	<i>Tuberculosis</i>	How long	<i>Seven years</i>
Immediate	<i>Pneumonia</i>	How long	<i>1 week</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>The Holland</i>
Address			<i>Berlin</i>
Accident or Suicide?	<i>No</i>		



Name in Full		CERTIFICATE OF DEATH					
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>near Newark</i>		County <i>Morris</i>		MARYLAND	
		Date of death <i>1907 Oct - 21</i>		Age <i>93</i>		Months <i>9</i> Days	
		Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Ind</i>	
		Occupation <i>Has none</i>		Where Residing if not at place of death			
		Married, Single or Widowed <i>Widow</i>		Name of Wife or Husband <i>Parker Brown</i>			
		Father's Name <i>Mr Johnson</i>		Father's Birthplace <i>Ind</i>			
		Mother's Maiden Name		Mother's Birthplace			
		Name of person giving information <i>Miss Julia Jones</i>		How related to deceased <i>Daughter</i>			
		<div style="text-align: center;">CAUSES OF DEATH</div> <div style="text-align: right; font-size: 2em; border: 1px solid black; border-radius: 50%; padding: 5px;">178</div>					
PHYSICIAN OR CORONER		Primary <i>Instant-death</i>		How long		<i>—</i>	
		Immediate <i>Unknown</i>		How long		<i>—</i>	
		Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Had none</i>			
				Address <i>As</i>			
		Accident or Suicide?		<i>L A Massey</i>			



Name  
in  
Full

Samuel Curtis

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

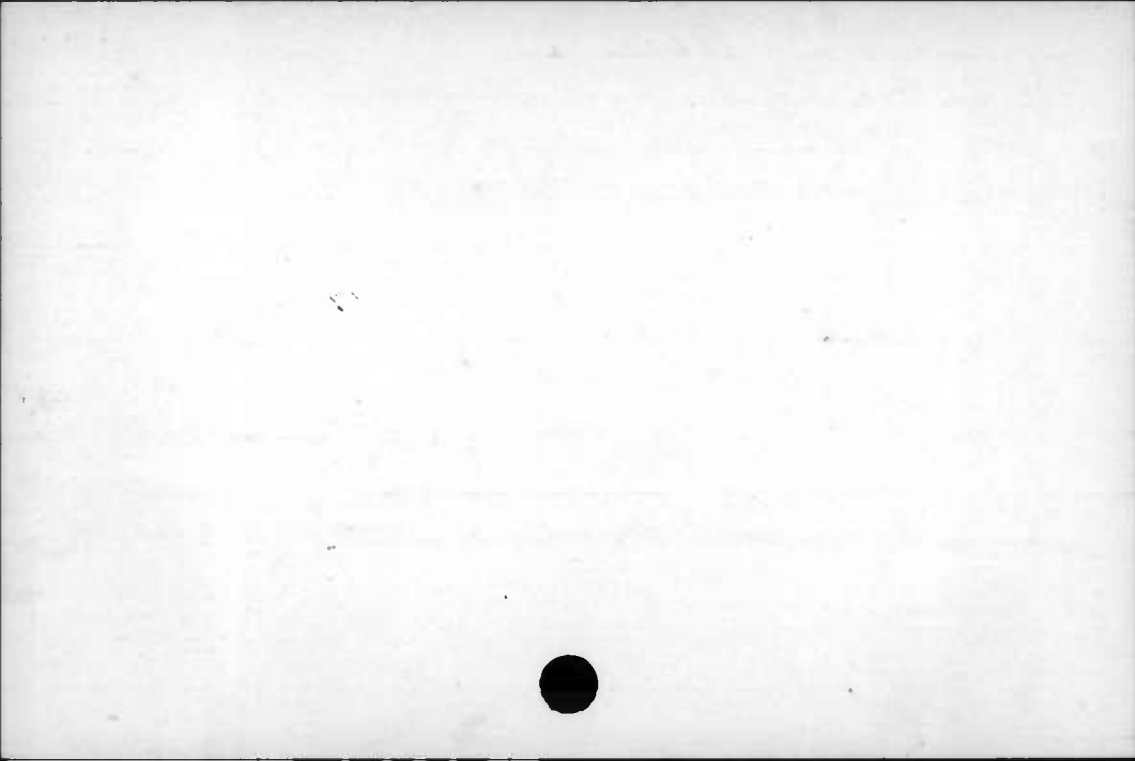
Died at <i>Pocomoke</i> <small>Town</small>		<i>Worcester</i> <small>County</small>		MARYLAND	
Date of death	<i>1907</i> <small>Month</small>	<i>10</i> <small>Day</small>	<i>4</i> <small>Age</small>	<i>14</i> <small>Years</small>	<i>14</i> <small>Months</small>
Sex	<i>male</i>	Color or Race	<i>white</i>	Birth-place	<i>va</i>
Occupation	<i>school</i>		Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed	<i>single</i>	Name of Wife or Husband <i>—</i>			
Father's Name	<i>James Curtis</i>			Father's Birthplace	<i>va</i>
Mother's Maiden Name	<i>Mrs Justice</i>			Mother's Birthplace	<i>va</i>
Name of person giving information	<i>R. L. Curtis</i>			How related to deceased	<i>uncle</i>

## CAUSES OF DEATH

80

PHYSICIAN  
OR CORONER

Primary	<i>Angiine Pectoris</i>	How long	<i>several hours</i>
Immediate	<i>Collapsa</i>	How long	<i>sudden</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Dr S. L. Ford &amp; W. L. H. W. L. H.</i>		
	Address <i>—</i>		
Accident or Suicide?			



Name  
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*Elijah A. Harlow*

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

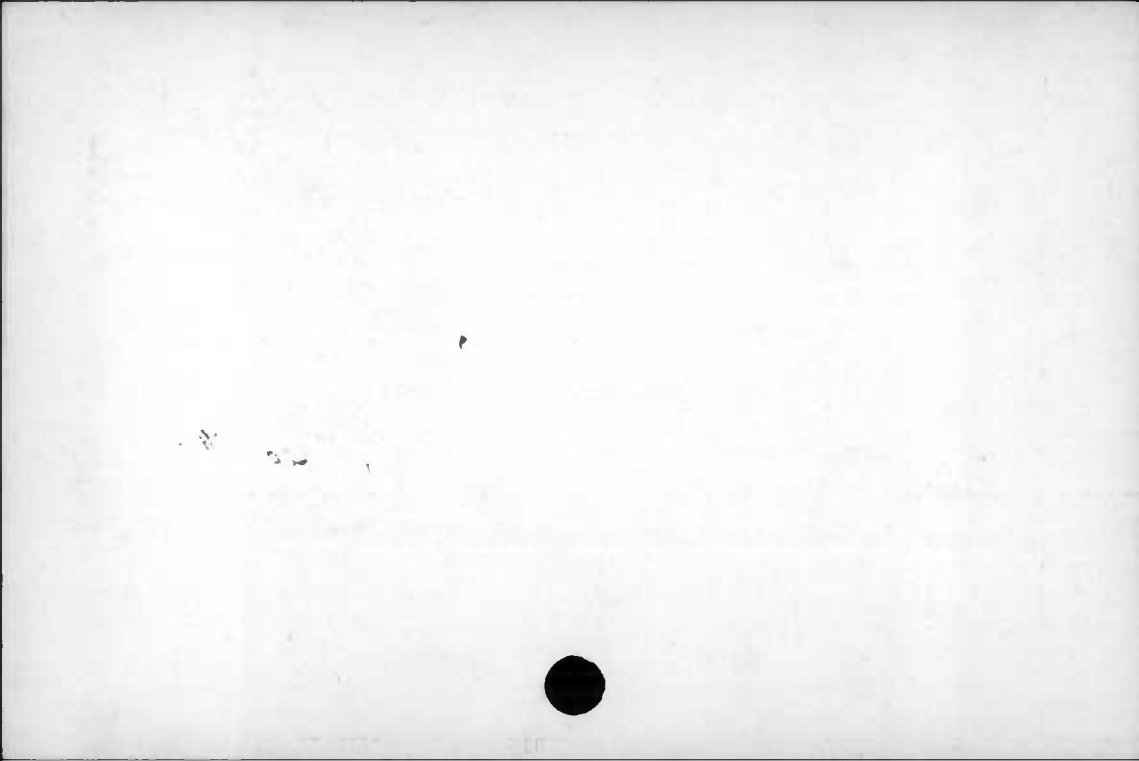
Died at. <i>Worcester</i>		County <i>Worcester</i>		MARYLAND	
Date of death	1907	Month <i>Oct</i>	Day <i>30</i>	Age <i>4</i>	Years <i>4</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Ind</i>		
Occupation			Where Residing if not at place of death		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband			
Father's Name <i>John Harlow</i>		Father's Birthplace <i>Ind</i>			
Mother's Maiden Name <i>Filly Durbill</i>		Mother's Birthplace			
Name of person giving information <i>John Downey</i>		How related to deceased <i>Gone</i>			

CAUSES OF DEATH

**179**

PHYSICIAN  
OR CORONER

Primary <i>Unknown</i>	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Dr. Doctor</i>
	Address <i>Dr. A. Masses O.K.</i>
Accident or Suicide?	





Name  
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## CERTIFICATE OF DEATH

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NEAREST FRIEND

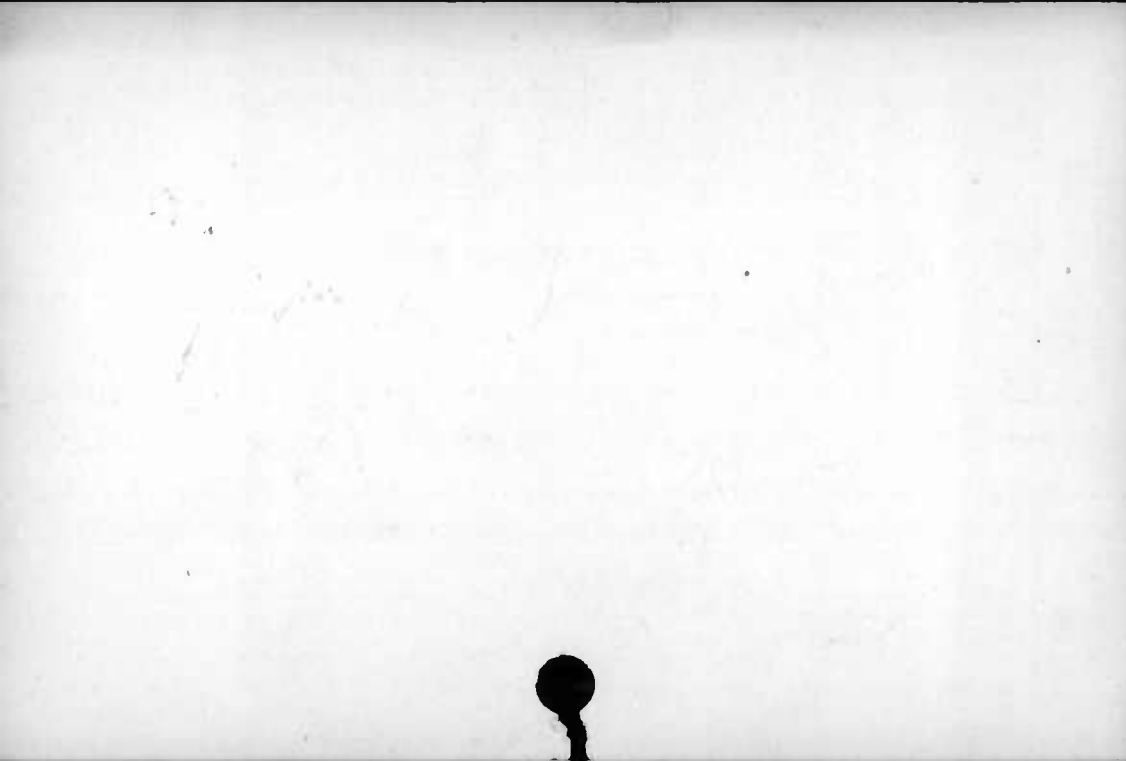
Died at <i>Snow Hill</i>		Town <i>Worcester</i>		County		MARYLAND	
Date of death	1907	Month	Oct.	Day	20	Years	70
Sex	female	Color or Race	white	Birth-place	Ind	Months	
Occupation		Where Residing if not at place of death					
Married, Single or Widowed		Name of Wife or Husband					
Father's Name	J. J. Godfrey				Father's Birthplace	Ind	
Mother's Maiden Name	Betsey Godfrey				Mother's Birthplace	Ind	
Name of person giving information	J. J. Godfrey				How related to deceased	Nephew	

## CAUSES OF DEATH

154

PHYSICIAN  
OR CORONER

Primary	Old Age	How long	
Immediate	Inv. de bilility	How long	
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	W. D. Stranglin
		Address	Snow Hill. Md.
Accident or Suicide?	neither		



Name  
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## CERTIFICATE OF DEATH

MARYLAND

Died at *Snow Hill* Town *Worcester* County

Date of death *1907* Month *Oct.* Day *19* Age *35* Years Months Days

Sex *Female* Color or Race *White* Birth-place *Ind*

Occupation *—* Where Residing if not at place of death *—*

Married, Single or Widowed *Married* Name of Wife ~~Wife~~ *Sewell Grannon* Husband

Father's Name *Geo. Trimmings*

Father's Birthplace *Ind*

Mother's Maiden Name *Annie Parsons*

Mother's Birthplace *Ind*

Name of person giving information *Sewell Grannon*

How related to deceased *Son in law*

## CAUSES OF DEATH

27

Primary *Tuberculosis of Lungs* How long *2 years*

Immediate *Anaemia* How long *3 months*

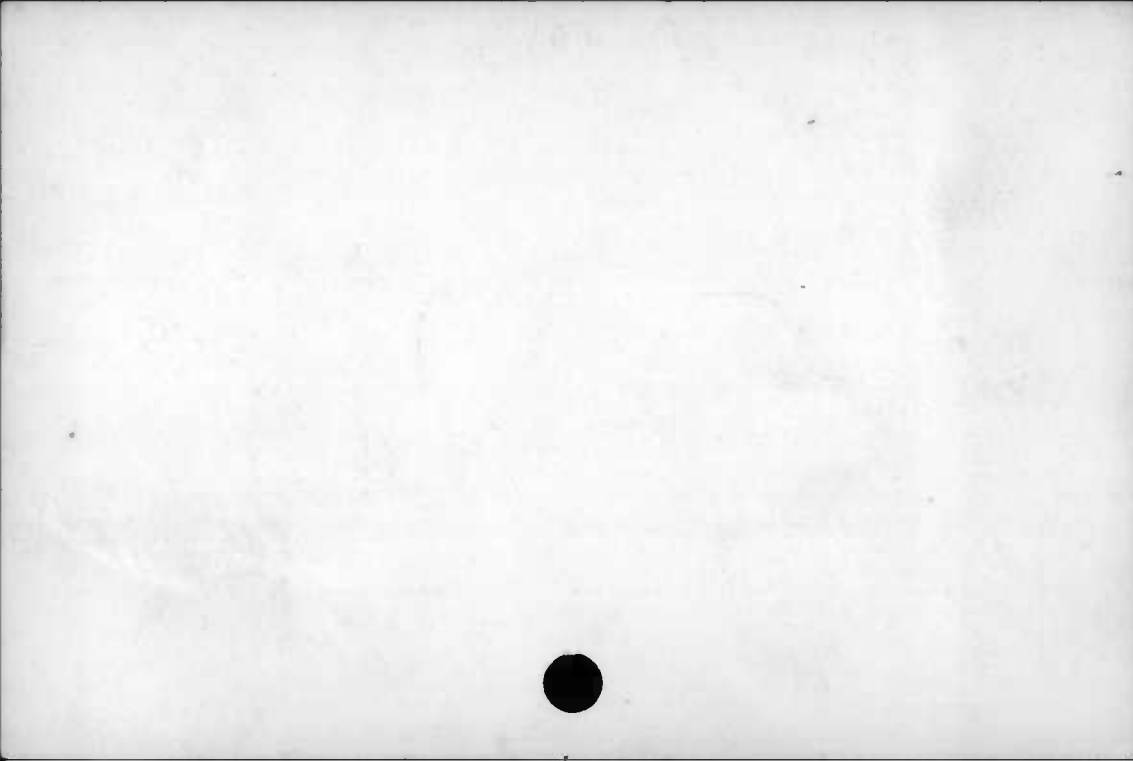
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician *W. H. Delott*

Address *Snow Hill Ind.*

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

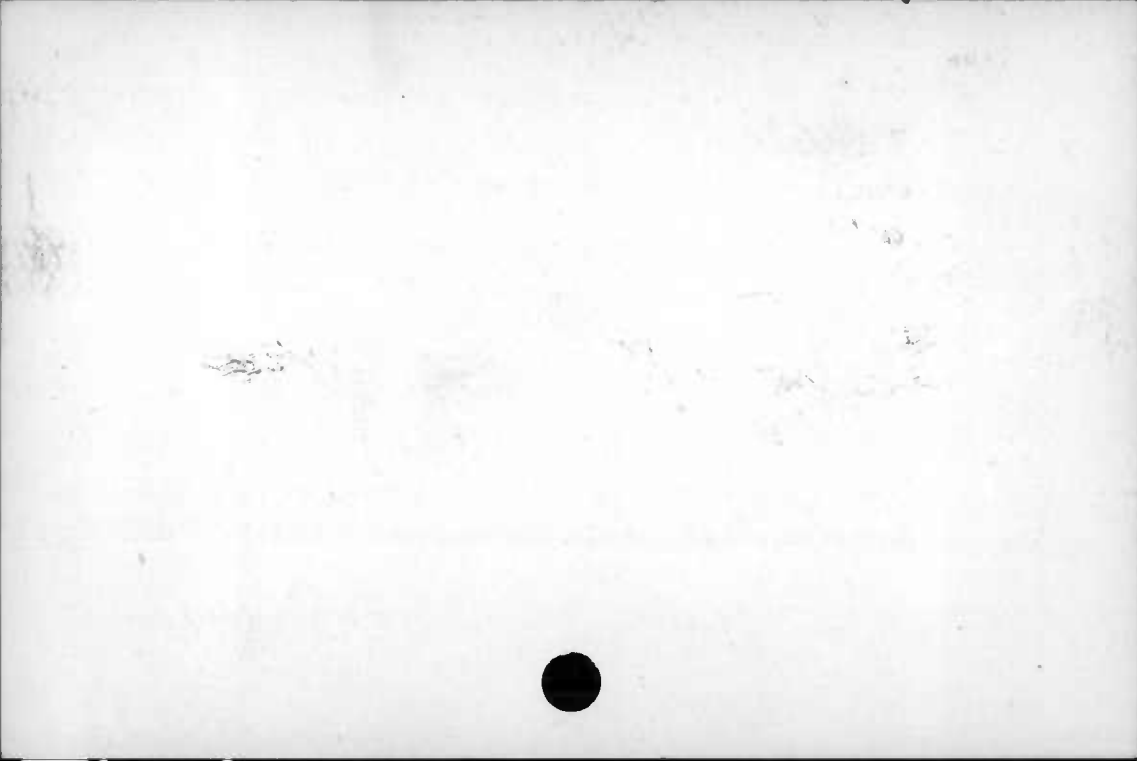
Died at <i>Lafayette</i> <small>Town</small>		<i>Worcester</i> <small>County</small>		MARYLAND	
Date of death <i>1907 Oct-17</i>		Age <i>64</i>		Months	Days
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Sweden</i>			
Occupation <i>House Wife</i>		Where Residing if not at place of death			
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Sewell Hastings</i>				
Father's Name <i>Hudson</i>		Father's Birthplace <i>MA</i>			
Mother's Maiden Name <i>Unknown</i>		Mother's Birthplace <i>MA</i>			
Name of person giving information <i>E. Wise</i>		How related to deceased <i>Niece</i>			

CAUSES OF DEATH

**140**

PHYSICIAN  
OR CORONER

Primary <i>Cancer of Liver</i>	How long <i>1 yr</i>
Immediate <i>Hematemesis</i>	How long <i>3 weeks</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>C. W. Drickman</i>
<i>True</i>	Address <i>Berlin Md</i>
Accident or Suicide?	



Name in Full		Calvin Jarvis				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Near Berlin		County		MARYLAND	
	Date of death	1907	Oct.	18	Age	7	Months
	Sex	Male		Color or Race	White		Birth-place
	Occupation			Where Residing if not at place of death			
	Married, Single or Widowed	Single		Name of Wife or Husband			
	Father's Name	Cyrus Jarvis				Father's Birthplace	Indel
	Mother's Maiden Name	Miss Richardson				Mother's Birthplace	"
Name of person giving information	J. R. Taylor				How related to deceased	Son	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	External burns				How long	1 hr.
	Immediate					How long	
	Are the name, age, sex, color, date and place correctly given above?	Yes		Signature of Physician		Curriekson	
				Address		Berlin	
	Accident or Suicide?	accident		(over)		md-	

"Calvin Jarvis died from burns  
by heat by having his clothes burned  
caused by explosion of coal oil  
when pouring oil in stove."

C. W. Dickinson



Name  
in  
Full

Sallie A. Mitchell

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town <i>Berlin</i>		County <i>Dorchester</i>		MARYLAND	
Date of death	1907	Month	<i>Oct</i>	Day	<i>12</i>	Age	<i>63</i>
Sex		Female		Color or Race		White	
Occupation		Housekeeper		Where Reading if not at place of death		Sud	
Married, Single or Widowed		Widow		Name of Wife or Husband		Washington Mitchell	
Father's Name		James Egan		Father's Birthplace		Sud	
Mother's Maiden Name		Millie		Mother's Birthplace		"	
Name of person giving information		Ruby Egan		How related to deceased		Bro	

## CAUSES OF DEATH

(27)

PHYSICIAN  
OR CORONER

Primary *Phthisis Pulmonalis* How long *2 1/2 years*

Immediate *Typhoid Fever* How long *5 weeks*

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

*James Pitts*

*Berlin, Maryland*

Accident or Suicide?

17



Name  
in  
Full

Lavinia Nairne

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

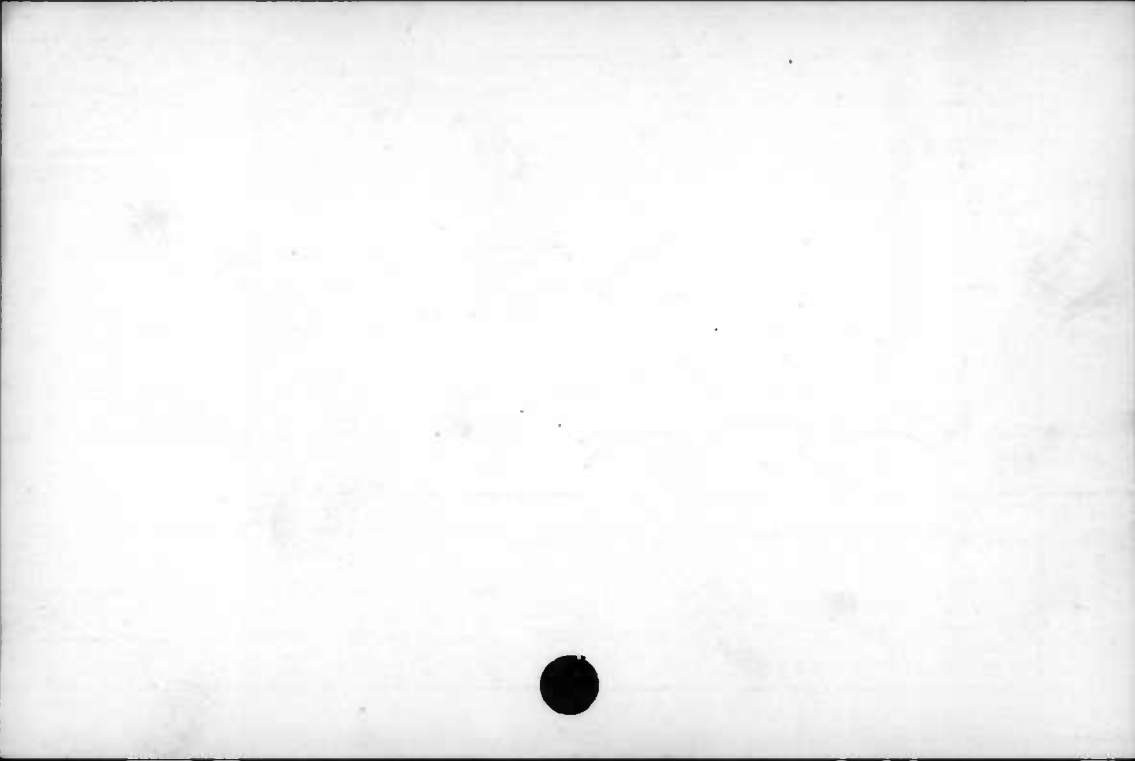
Died at		Snow Hill		Worcester		MARYLAND					
Date of death		1907	Oct	29	Age	1	Months	7	Days	Unknown	
Sex		Female		Color or Race		Negro		Birth-place		Snow Hill, Md	
Occupation				Where Residing If not at place of death							
Married, Single or Widowed				Name of Wife or Husband							
Father's Name				Arthur Nairne				Father's Birthplace			Snow Hill, Md
Mother's Maiden Name				Ida Black				Mother's Birthplace			Snow Hill, Md
Name of person giving information				Arthur Nairne				How related to deceased			Father

## CAUSES OF DEATH

179

PHYSICIAN  
OR CORONER

Primary	Marasmus	How long	9 mos
Immediate	"	How long	"
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician
			John L. Riley
		Address	Snow Hill Md.
Accident or Suicide?			



Name  
in  
Full

Richard Nichols

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

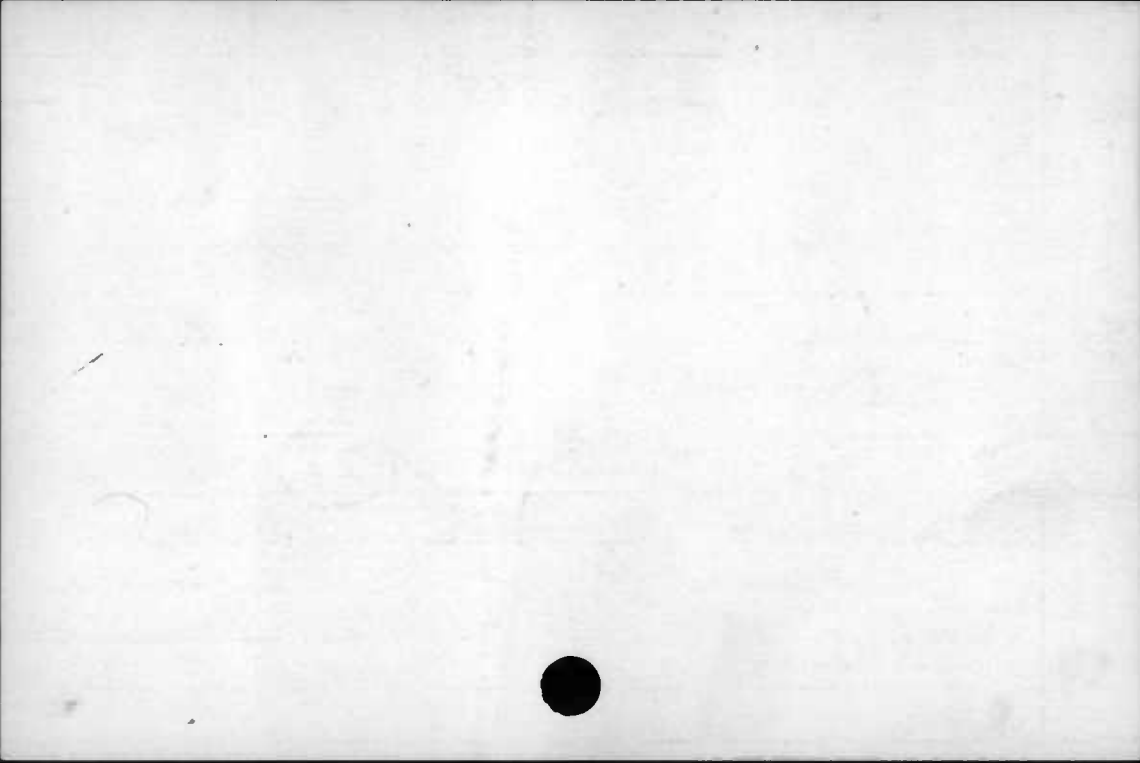
Died at <i>New Pocomoke City</i> <sup>Town</sup> <i>Wicomico</i> <sup>County</sup>		MARYLAND	
Date of death <i>1907</i> <sup>Month</sup> <i>Oct</i> <sup>Day</sup> <i>23</i> <sup>Years</sup> <i>53</i>	Age <i>53</i>		Months <i></i> Days <i></i>
Sex <i>Male</i>	Color or Race <i>Colored</i>	Birth-place <i>Easton Tex</i>	
Occupation <i>Barber</i>	Where Residing if not at place of death <i>Pocomoke City</i>		
Married, Single or Widowed <i>Widower</i>	Name of Wife or Husband <i>Unknown</i>		
Father's Name <i>Henry Nichols</i>	Father's Birthplace <i>Queen Anne's Co</i>		
Mother's Maiden Name <i>Don't know</i>	Mother's Birthplace <i>✓</i>		
Name of person giving information <i>E. H. Nichols (Bro)</i>	How related to deceased <i>Male</i>		

CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary <i>Pulmonary tuberculosis</i>	How long <i>4 months</i>
Immediate <i>General Exhaustion</i>	How long <i>✓</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>R. Reest Hall</i>
	Address <i>Pocomoke City Tex</i>
Accident or Suicide?	



Name  
in  
Full

Hattie Schoorfield

## CERTIFICATE OF DEATH

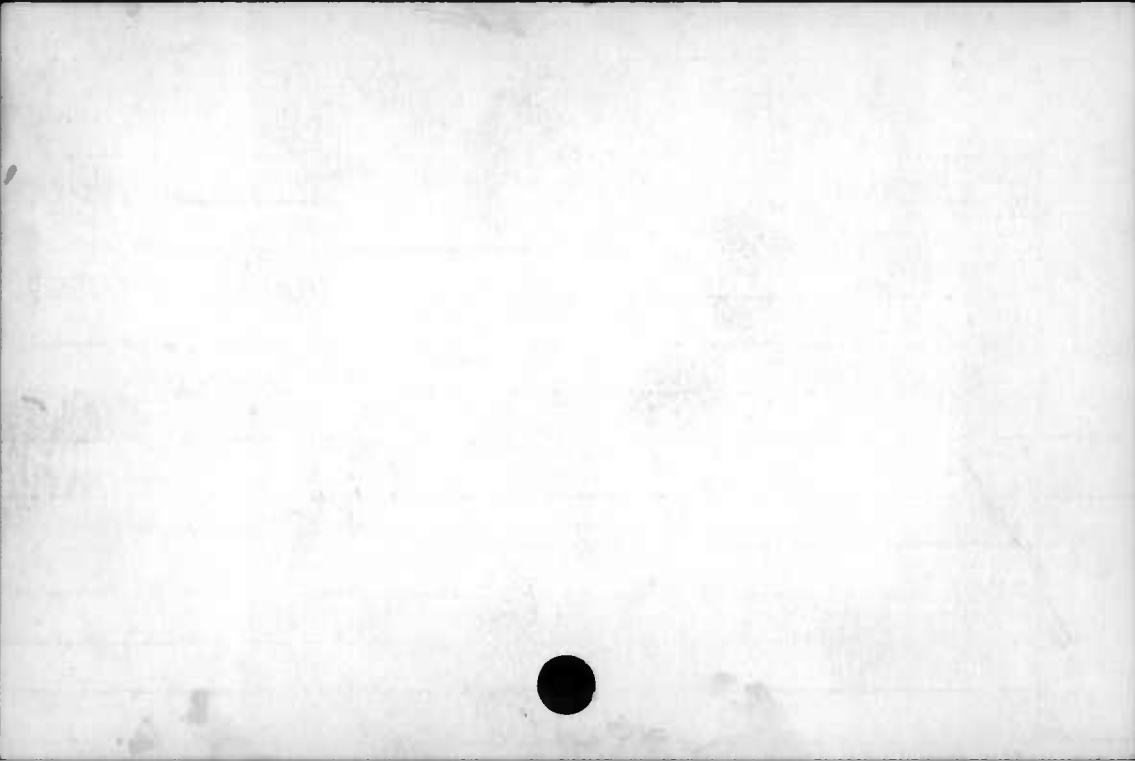
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Pocomoke City</i>		County <i>Wicomico</i>		MARYLAND	
Date of death	1907	Month	Oct	Day	16
Age		Years	23	Months	
Sex	Female	Color or Race	Colored	Birth-place	Wicomico Co
Occupation	<i>Domestic</i>		Where residing if not at place of death <i>✓</i>		
Married, Single or Widowed	MARRIED	Name of Wife or Husband	<i>Isaac Schoorfield</i>		
Father's Name	<i>Halter J. L. L.</i>		Father's Birthplace	<i>Wicomico Co</i>	
Mother's Maiden Name	<i>Emma Blake</i>		Mother's Birthplace	<i>Wicomico Co</i>	
Name of person giving Information	<i>Annie D. Schoorfield</i>		How related to deceased	<i>Wife</i>	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Zyphoid fever</i>	How long	<i>5 weeks</i>
Immediate	<i>Funeral Association &amp; members</i>		How long <i>✓</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<i>R. R. H. H. H.</i>
		Address	<i>Pocomoke City, Md</i>
Accident or Suicide?			





### CERTIFICATE OF DEATH

## MARYLAND

Died at <sup>Town</sup> *near Portsmouth City* <sup>County</sup> *Newcastle*

Date of death	1907	Month	Oct	Day	5	Year	1907	Months	3	Days	20
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Sex	Male	Color or Race	Colored	Birth-place	North Carolina
-----	------	---------------	---------	-------------	----------------

Occupation	Where Residing if not at place of death
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Married, Single or Widowed	Name of Wife or Husband
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Father's Name	Israel Schofield	Father's Birthplace	Mass Co
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Mother's Maiden Name *Hattie Taylor* Mother's Birthplace *West Va.*

Name of person giving Information	Israel Schrieber	How related to deceased	Father
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### CAUSES OF DEATH

105

Primary	<i>Gastero Euterodictis</i>	Howling	7- & 8:40
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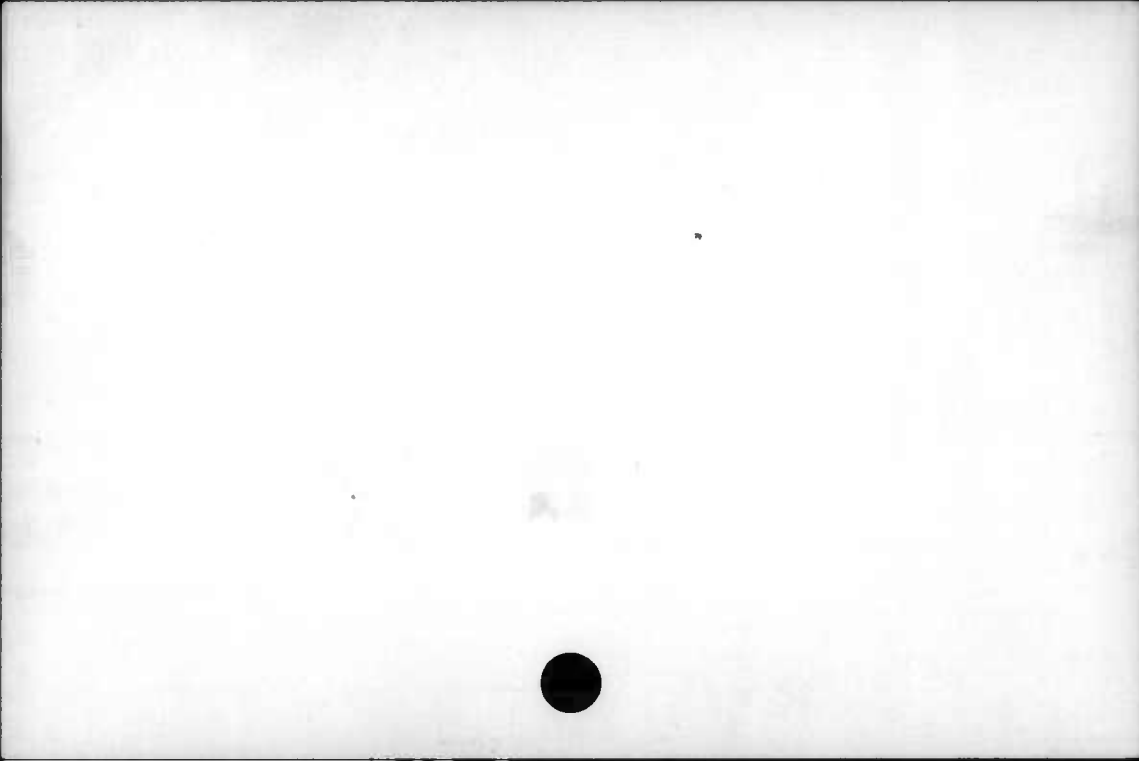
Immediate

Are the name, age, sex, color, date and place correctly given above?

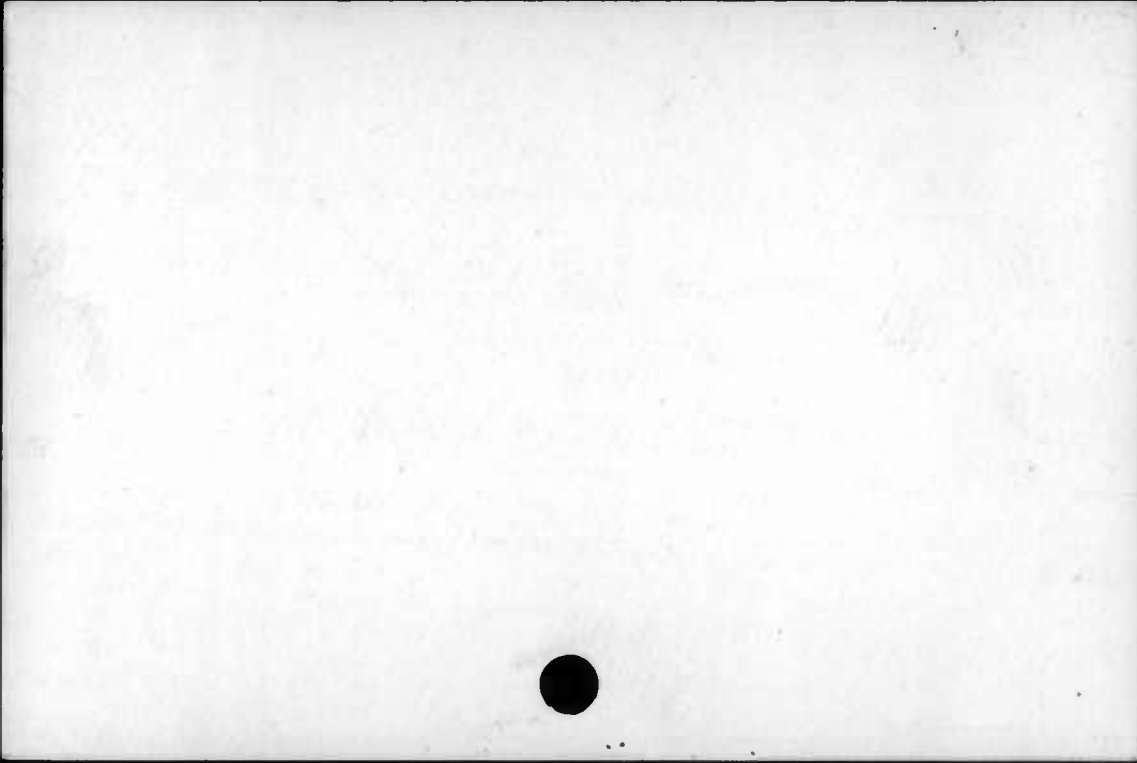
Signature of Physician *R. Cantale*

Address Picnic by the

## Accident or Suicide?



Name in Full		Levin J Sturges				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <u>Newport</u> <sup>Town</sup>		County <u>Winchester</u>		MARYLAND		
	Date of death <u>1907</u> <u>Oct</u> <sup>Month</sup>		<u>8</u> <sup>Day</sup>	<u>1</u> <sup>Years</sup>	<u>6</u> <sup>Months</sup>	<u></u> <sup>Days</sup>	
	Sex <u>Male</u>		Color or Race <u>Black</u>		Birth-place <u>Maryland</u>		
	Occupation <u>none</u>		Where Residing if not at place of death <u></u>				
	Married, Single or Widowed <u></u>		Name of Wife or Husband <u></u>				
	Father's Name <u>Lambert Sturges</u>				Father's Birthplace <u>Maryland</u>		
	Mother's Maiden Name <u>Abelby Leiby</u>				Mother's Birthplace <u>Maryland</u>		
Name of person giving information <u>Williams Th Leiby</u>				How related to deceased <u>Grandfather</u>			
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary <u>no</u> <u>on</u>		<div style="border: 2px solid black; border-radius: 50%; width: 60px; height: 60px; display: flex; align-items: center; justify-content: center; margin: 0 auto;"> 179 </div>		How long <u>—</u>		
	Immediate <u>no</u> <u>on</u>				How long <u>—</u>		
	Are the name, age, sex, color, date and place correctly given above?			Signature of Physician <u></u>			
	<u>no, for in attendance</u> Accident or Suicide? <u>le. J. Stevens undertaker</u>			Address <u>22 A Massery</u> <u>O.K.</u>			
	LIBRARY BUREAU A66216						



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at

Date

of death

1907

Month

Oct

Day

21

Age

Years

58

Months

Days

Sex

Female

Color or  
Race

White

Birth-  
place

Md.

Occupation

Housewife

Where Residing if not  
at place of deathMarried, Single  
or Widowed

Married

Name of Wife or  
Husband

Samuel J. Trickey

Father's  
Name

Francis P. Henderson

Father's  
Birthplace

Md.

Mother's  
Maiden Name

Margaret Jones

Mother's  
Birthplace

Md.

Name of person giving  
information

P. J. Trickey

How related  
to deceased

Husband

## CAUSES OF DEATH

106

PHYSICIAN  
OR CORONER

Primary

Gastric intestinal dyspepsia

How long

6 mo

Immediate

Exhaustion

How long

1 wk.

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

J. M. Wilson

Address

Pocomoke City

Accident or Suicide?

No



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Mildred V. Whaley</i>		Town <i>Faymville</i>		County <i>uscle</i>		STATE <b>MARYLAND</b>	
Died at <i>Faymville</i>		Month <i>Oct</i>		Day <i>24</i>		Years <i>1</i>	
Date of death <i>1907</i>		Month <i>Oct</i>		Day <i>24</i>		Age <i>1</i>	
Sex <i>Female</i>		Color or Race <i>Black</i>		Birth-place <i>Maryland</i>			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name <i>Mitchell Whaley</i>				Father's Birthplace <i>Maryland</i>			
Mother's Maiden Name <i>Lattly Jones</i>				Mother's Birthplace <i>Maryland</i>			
Name of person giving information				How related to deceased			

## CAUSES OF DEATH

179

PHYSICIAN  
OR CORONER

Primary	<i>Improper diet</i>	How long	<i>12 mo</i>
Immediate	<i>moras</i>	How long	<i>months</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>E. E. Holland</i>	
		Address <i>Dele</i>	
Accident or Suicide?			

